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Date of Deposit: 09/24/2003

Ref: Case Docket No.: P4524

First Named Inventor: Sundara Murugan

Serial Number: 10/083,313

Filing Date: 02/25/2002

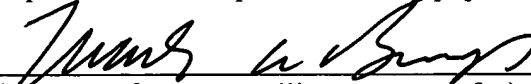
Title of Case: Method and Apparatus for Implementing Automatic Protection Switching Functionality in a Distributed Processor Data Router

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

1. Response A.
2. Response transmittal.
3. Duplicate Response transmittal.
4. Petition for Extension of Time.
5. Check for fees in the amount of \$205.00.
6. Certificate of express mailing.
7. Postcard listing contents.
8. *ADD - LISTS AND FORMAL COPY OF FIG. 1*

Mark A. Boys

(Typed or printed name of person mailing paper or fee)

  
(Signature of person mailing papers or fee)



Method of Transmission: EV298199442US

CASE DOCKET NO. P4524

Reference to application of Sundara Murugan

Serial No. 10/083,313

For Method and Apparatus for Implementing Automatic Protection Switching Functionality in a Distributed Processor Data Router

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312

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- ☐ No additional fee is required.  
☒ Applicant claims Small entity status under 37 CFR 1.27.  
☒ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	35	Minus	** 35	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	3	Minus	*** 3	0	\$ 42	\$ 84	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input checked="" type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 205.00
Total additional for claims, time extensions and disclaimer fees							\$ 205.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

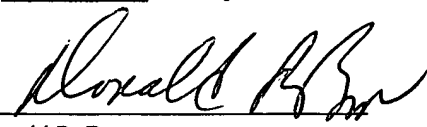
\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☒ A check in the amount of 205.00 is attached.

☐ Charge \$ 0.00 to deposit account 50-0534 . (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 . A duplicate of this sheet is enclosed.

Respectfully Submitted, 

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Reg. No. 35074

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